



Human Resources
City Hall
609 West Navajo Street
West Lafayette, Indiana 47906-1995
Phone: 765-775-5108
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www.city.westlafayette.in.gov

APPLICATION FOR TEMPORARY OR SEASONAL EMPLOYMENT

An Equal Opportunity/Affirmative Action Employer

Only completed applications will be accepted.

Date of Application _____

PLEASE WRITE OR PRINT LEGIBLY

Name: _____
Last First Middle

Address: _____
Street City State Zip

Telephone: (____) _____ - _____ Best time to call at home: _____

Social Security No. _____ (Your Social Security Number is requested to facilitate record keeping.
You have the right to refuse to provide this number on this form without penalty.)

For what position are you applying? _____ Date Available: _____

Is this Temporary? ☐ Seasonal? ☐
(Expected to last less than six months.) (Expected to be less than 20 hrs/wk., or of a sporadic nature but may last more than 6 mos.)

Have you read the job description for this position? Yes ☐ No ☐

Do you have the ability to perform the essential job-related functions, with or without reasonable accommodations, for the position that you are applying? Yes ☐ No ☐

Are you over 18 years of age? Yes ☐ No ☐

If employed and you are under the age of 18, can you furnish a work permit? Yes ☐ No ☐

(Federal law prohibits discrimination because of age with respect to individuals who are 40 years of age and over.)

Are you able to furnish proof of U.S. Citizenship or the right to work under the Immigration Reform and Control Act of 1986? Yes ☐ No ☐

Driver's license number and State, if applicable to position.

State: _____ Number: _____ Expiration Date : _____

Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐

(A conviction record will not necessarily be a bar to employment, and factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.)

EMPLOYMENT EXPERIENCE

May we contact your present employer? Yes ☐ No ☐

Are you on lay-off and subject to recall? Yes ☐ No ☐

Starting with your present or last job, please indicate your employment history. Also, include both your military service assignments and volunteer activities.

1. _____ Employer	(____)_____ Telephone
Address _____	
Dates from: _____ to: _____	
Job Title _____	
Summarize nature of work performed and job responsibilities _____	
Immediate Supervisor and Title _____	
Reason for Leaving _____	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

2. _____ Employer	(____)_____ Telephone
Address _____	
Dates from: _____ to: _____	
Job Title _____	
Summarize nature of work performed and job responsibilities _____	
Immediate Supervisor and Title _____	
Reason for Leaving _____	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	

BACKGROUND

Education

A. List the last three (3) schools you attended, starting with the most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any, and D. Major field of study.

A. School /Location	B. No. Years Completed	c. Degree/ Diploma	D. Major Field
1. _____			
2. _____			
3. _____			

Skills

List any job-related or specialized skills such as language fluency that you possess and indicate how/where you acquired them.

Accomplishments

List any special accomplishments, publications, awards (Exclude organizations which would reveal sex, race, religion, national origin, age, color, disability, or other protected status.)

Associations

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

Organization	Offices held

References

List name and telephone number of three business/work references that are NOT related to you and are NOT previous supervisors. If unavailable, list three school/ personal references not related to you.

	Name	Telephone	Years Known
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have any relatives who are employed in a supervisory capacity by the City of West Lafayette?

If Yes ☐, Who? _____ No ☐

APPLICATION AGREEMENT

It is understood and agreed upon that any misrepresentation by me in this application will result in cancellation of this application and separation from the employer's service if I have been employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I understand and agree that in compliance with the City's drug and alcohol testing policy for employees, I may be asked to submit to random alcohol and/or illegal drug testing before starting my employment with the City and/or during the course of my employment. I also understand that positive test results may have an adverse affect on my employment with the City in accordance with the City's Drug Testing Policy.

I understand that, just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, subject to the requirements of federal and state law. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

Signature of Applicant indicating acceptance and understanding

Date

We ask that you complete the voluntary Affirmative Action Information Sheet on the enclosed separate page for our records. *It is not mandatory that you do so.* Whether or not you complete the questionnaire, please put it into the attached envelope and seal the envelope. This information will not be used in any way to influence the decision concerning your potential employment.